

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL080006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING: _____		(X3) DATE SURVEY COMPLETED  R 04/17/2015
NAME OF PROVIDER OR SUPPLIER  BETHAMMY RETIREMENT CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 909 N SALISBURY AVENUE SPENCER, NC 28159		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
(C 000)	Initial Comments  Report of Follow-up Survey by Dennis Harrell on 4-17-2015.  Not all deficiencies were corrected. Further action is required.	(C 000)	<p>CONSTRUCTION SECTION</p> <p>MAY 01 2015</p> <p>RECEIVED</p>	
(C 101)	Existing Licensed Fac- No less than '71 Rules  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation, 701 Barbour Drive, Raleigh, North Carolina, 27603 at no cost;  This Rule is not met as evidenced by: 1. Based on observation, the building fire protection equipment was not maintained in a safe manner. This would effect all residents by not detecting smoke and activating the fire alarm or obstructing sprinkler coverage.  Findings on 02/04/2015: The office closet has no sprinkler, heat detector, or smoke detector. Provide sprinkler coverage in this closet.	(C 101)		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FOR: NC

9999

HV2U22

If continuation sheet 1 of 3

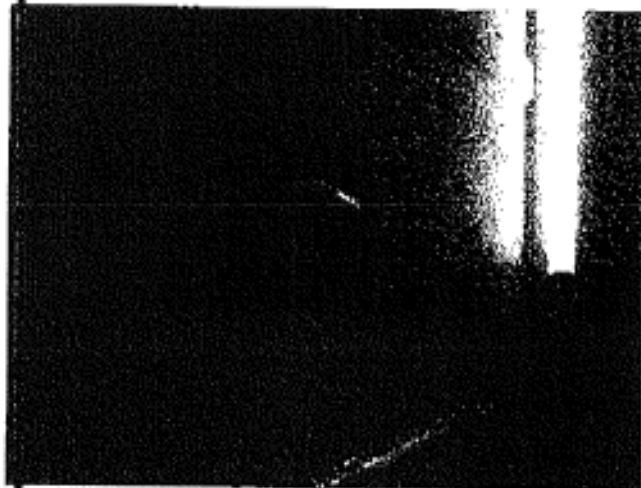
Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL080006</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING: _____		(X3) DATE SURVEY COMPLETED  R <b>04/17/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>BETHANY RETIREMENT CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>909 N SALISBURY AVENUE SPENCER, NC 28159</b>			
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(C 101)	Continued From page 1  Finding on 4-17-2015: There is still no fire detecting device in the office closet.	(C 101)	C101-1. Photo Smoke detector installed in office closet Exhibit A	4/20/2015	
(C 189)	Building Equipment Maintained Safe, Operating  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311. OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.  This Rule is not met as evidenced by: 3. Based on observation, the building exit signage and emergency illumination were not maintained in a safe manner. This would effect all residents by not keeping the exits visible in an emergency.  Findings on 02/04/2015: Exit signs and emergency lights are not working in the following locations:  c) There is no emergency lighting in the south dining room which was constructed in 1997.  Finding on 4-17-2015: There was still no emergency lighting in the South Dining Room.	(C 189)	C189-c Emergency lighting installed in South dining room Exhibit B	4/18/2015	
C 191	Unvented & Portable Elec. Heaters Prohibited	C 191			

Administrator and Maintenance Supervisor will make monthly inspections to ensure residents safety.  
Any corrective actions will be logged and corrected in a timely manner.

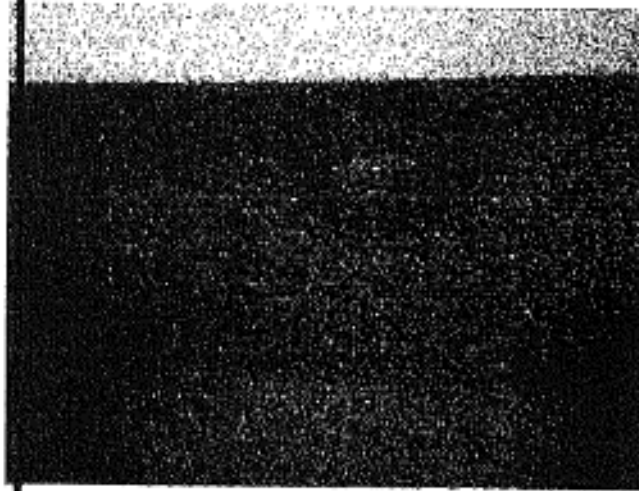
Subj: Life Safety Inspection  
Date: 4/27/2015 10:35:29 A.M. Eastern Daylight Time  
From: [ashamandon4@yahoo.com](mailto:ashamandon4@yahoo.com)  
To: [bethamyent@aol.com](mailto:bethamyent@aol.com)

Exhibit B  
South Dining Room



Subj: (no subject)  
Date: 4/29/2015 4:32:42 P.M. Eastern Daylight Time  
From: [bethamyent@aol.com](mailto:bethamyent@aol.com)  
To: [bethamyent@aol.com](mailto:bethamyent@aol.com)

Exhibit A  
Office closet



Sent from my iPhone

